Name in Full: Elmer Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Colesville — Town — County: Mont.

Date of death 1904	Month	Day	Years	Months	Days
	Feb	22	Age 3		

Sex: Female — Color or Race: Black — Birthplace: Colesville

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Charles Adams 93 — Father's Birthplace: Md

Mother's Maiden Name: Mary Thomas — Mother's Birthplace: Md

Name of person giving information — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 10 days

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Bates

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name In Full

Clyburt Ellen Clayton

Certificate of Death

Town

Laytonsville

County

Montg

Died at

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1924	2	16	Age 68	4	18	Md	

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of / Wife

Jno Samuel Clayton

Father's Name

Jno Roy

Mother's Maiden Name

Ellen Anderson

Cause of Death

Primary: Grip with Congestion of Lungs

How long sick: 6 Days

Immediate: Heart Failure

Accident, Suicide, Homicide

Reported by

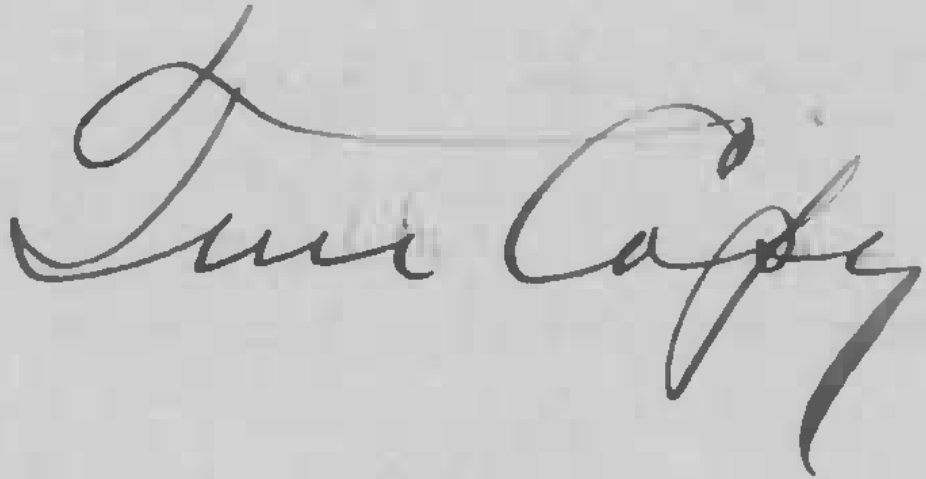
V. H. Dyson

Address

Laytonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: William E. Brown

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Redland | County: Montgomery

Date of death: Month: Feb | Day: 29 | 1904 | Age: Years: 70 | Months: | Days:

Sex: Male | Color or Race: Colored | Birthplace: Mont. Co. Md.

Occupation: Farm hand | Where Residing if not at place of death:

Married, Single or ~~Widowed~~ | Name of Wife or ~~Husband~~: Sarah Alice Brown

Father's Name: Thomas Brown | Father's Birthplace: Prince Geo. Co. Md.

Mother's Maiden Name: X | Mother's Birthplace: X

Name of person giving information: Wiggie G. Brown | How related to deceased: Son

66

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis | How long: 35 years

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Chas. Farquhar, M. D.

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88010

Name in Full

Certificate of Death

Edgar K Bucey

Died at ~~Town~~ Martinsburg County Moulty Twenty MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1904 Feb	9	Age 20			Md	laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single Widow Widower ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Daniel Bucey Mother's Maiden Name Nellie Lee

Cause of Death — Primary: Tuberculosis Lungs — How long sick: One Month

Immediate — Accident, Suicide, Homicide

Reported by Lewis Brooks

Address Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Harriet A. Cave.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Grifton; County: Montgomery

Date of death: Month: Feb.; Day: 7th; 1904

Age: Years: 62; Months: ; Days:

Sex: Female

Color or Race: Colored

Birthplace: Montg. Co. Md.

Occupation: Laborer. Mid wife.

Where Residing if not at place of death:

~~Married, Single~~ or Widowed: Widowed

Name of Wife or Husband:

Father's Name: John K. Cooke

Father's Birthplace:

Mother's ~~Maiden~~ Name: Mary A. Cooke

Mother's Birthplace:

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Name of person giving information: Rosie E. Webster

How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: Three weeks

Immediate: Relapse — How long: Several days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar.

Address: Olney Maryland.

Accident or Suicide?

LIBRARY MUSEUM ASSIST

Name in Full

Certificate of Death

Unnamed.

Town: Damascus County: Montgomery MARYLAND

Died at

Date 1904 (~~1905~~) Month: 2 Day: 20 Age: Y. — M. — D. 2 Native of: Maryland Occupation: —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widow~~ Number ~~of children living~~

Husband / Wife of —

Father's Name: Middleton Copeland Mother's Name: Sallie Lee

Cause of Death: Primary: Atelectasis Immediate: Same How long sick: From birth

~~Accident~~, Suicide, Homicide

Reported by: J. F. Lansdale

Address: Damascus Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65962

Name in Full: James Cosh

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sandy Spring — County: Montgomery

Date of death: Month: Feb. Day: 22 1904 — Years: Age 84 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace:

Occupation: Laborer — Where Residing if not at place of death: Sandy Spring, Md.

Married, ~~Single or Widowed~~: Married — Name of Wife or Husband:

Father's Name: Perry Cosh — Father's Birthplace:

Mother's ~~Maiden~~ Name: Harriet Cosh 66 — Mother's Birthplace:

Name of person giving Information: Mary E. Gilpin — How related to deceased: No relation

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long:

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney. Maryland.

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full

Certificate of Death

Anna May Davis

Died at Town Clarksburg County Montg. MARYLAND

Date 1904 Month Feb Day 5-4 | Age Y. 5 M. 3 D. | Native of Md- | Occupation Servant

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Neil Davis

Mother's Name Alice Green

Cause of Death: Primary Tuberculosis — How long sick 7 mos

Immediate — ~~Accident, Suicide, Homicide~~

Reported by J E Beall

Address Clarksburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Annie Bowers

Died at Ellicott City (Town) County Howard MARYLAND

Date 1924 Month 2 Day 13 | Age Y. 69 M. D. | Native of Md | Occupation

Male ~~White~~ | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife Presley Bowers

Father's Name Samuel Sturson | Mother's Maiden Name Rachel Duerson

Cause of Death: Primary Lobular Pneumonia | How long sick 4 weeks

Immediate Ex Lumbar | Accident, Suicide, Homicide

Reported by W H Dyson

Address Lawsonville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

True Copy

Name in Full: Gibbs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rockville — County: Montgomery Co.

Date of death: 1904 — Month: Oct 2 — Day: 7

Age: Years: — Months: 4 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: — — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Chas Gibbs — Father's Birthplace: Md.

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: T. M. R. — How related to deceased: X

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough — How long: 6 weeks

Immediate: Convulsions — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: O. McLinchan

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A68016

Name in Full: Nellie Isabel Hannan

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Marlboro — County: Prince Geo.

Date of death: Month 2, Day 7, 1904 — Age: Years —, Months 7, Days —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Dennis Hannan — Father's Birthplace: Md.

Mother's Maiden Name: Estella Dawes — Mother's Birthplace: Md.

Name of person giving Imformation: Grandmother — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Whooping Cough, with Bronchitis — How long: 1 week

Immediate: Exhaustion — How long: 1 mo.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: O M Linthicum

Address: Rockville, Md.

Accident or Suicide?

LIBRARY BUREAU A80518

Name in Full

Certificate of Death

Samuel Harris

Died at Town Crapton County Queen Anne's MARYLAND

Date 1914 Month 2 Day 28 | Age Y. 23. M. D. | Native of Md | Occupation Lab

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of Emma Harris

Father's Name

Mother's Malden Name

Cause of Death: Primary Acute Nephritis

Immediate Uremia

How long sick, 10 days

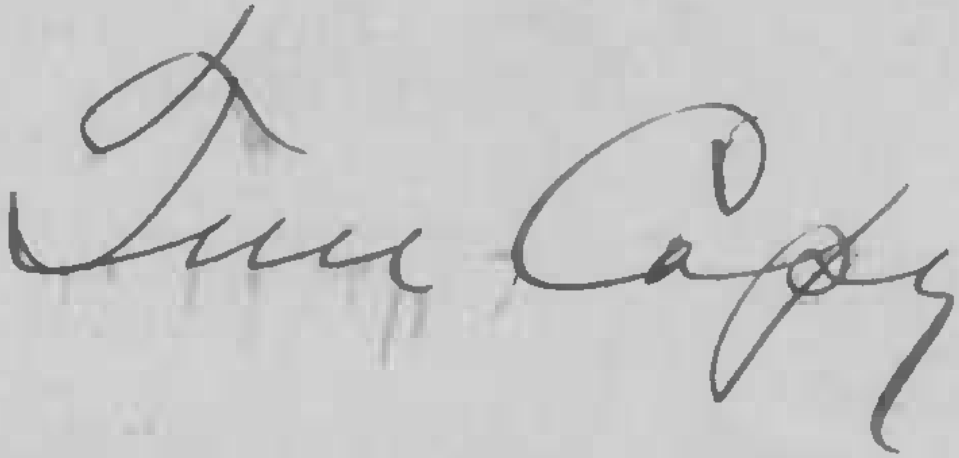
Accident, Suicide, Homicida

Reported by V. H. Dyer

Address Centreville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Sophia F. Hawkins

CERTIFICATE OF DEATH

MARYLAND

Died: Town: near Olney — County: Montgomery

Date of death 1904: Month: Feb — Day: 29 — Years: Age 36 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace:

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: John Haley Hawkins

Father's Name: Wilson Hing — Father's Birthplace:

Mother's Maiden Name: Sophia F. Fouge — Mother's Birthplace: Mouty Co Md

Name of person giving information: John H. Hawkins — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia with complications. — How long: 12 days.

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes as far as known.

Signature of Physician: Chas. Farquhar.

Address: Olney Maryland.

Accident or Suicide?

LIBRARY BUREAU ARBSIB

Name in Full: Hazard

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Takoma Park; County: Montgomery

TO BE ANSWERED BY NEAREST FRIEND

Date of death 1904: Month: Feb; Day: 11; Age: Years / Months / Days

Sex: Female; Color or Race: white; Birthplace:

~~Married, Single~~ or Widowed; Occupation:

Name of Wife or Husband:

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: ; How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fell down staires Feb 4th; How long:

Immediate: Shock; How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Alfred T. Parsons

Address: Takoma Park, Md.

Accident ~~or Suicide~~?

LIBRARY BUREAU A85519

Name in Full Vaughn Jenis

Certificate of Death

Died at Town Poolesville County Montgomery MARYLAND

Date 19 04 Month Feb Day 19 | Age Y. 13 M. Months D. | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Horace Jenis | Mother's Maiden Name Bettie Brooks

Cause of Death: Primary Pneumonia | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by B. W. Walling md

Address Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Thookhalus Lancaster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Burk Mills; County: Montg

Date of death 1904: Month: Feb.; Day: 10; Age: Years: 84; Months: 0; Days: 0

Sex: Male; Color or Race: Colored; Birthplace: Md.

Married, Single or Widowed: Widower; Occupation: Laborer

Name of Wife or Husband:

Father's Name: Thomas Lancaster; Father's Birthplace: Md.

Mother's Maiden Name: Martha Adams; Mother's Birthplace: "

Name of person giving information: Fletcher Mathews; How related to deceased: Nephew

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility; How long: About 6 mos

Immediate: Syncope; How long: A few hrs.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: H G Brown

Address: Burk Mills Md

Accident or Suicide?

LIBRARY BUREAU A22516

Name In Full

Certificate of Death

Anne E. Nichols

Died at Town: Mt Ephraim County: Montg MARYLAND

Date 1904 Month 2 Day 21 | Age Y. 84 M. — D. — | Native of Md | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of Wife: Wm Nichols 1854

Father's Name | Mother's Maiden Name

Cause of Death: Primary: Old age — How long sick: 4 days

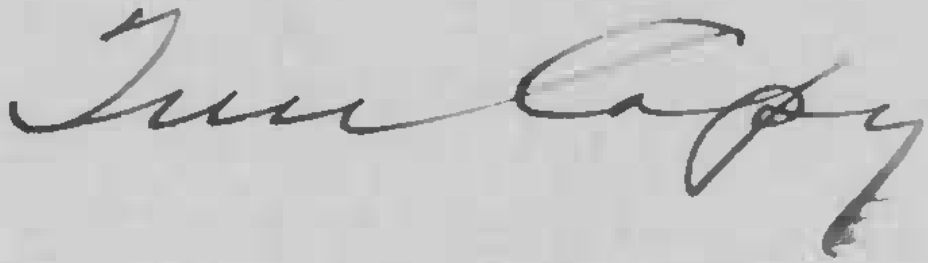
Immediate: Grippe — Accident, Suicide, Homicide

Reported by: R. C. Smith

Address: Deckman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Name in Full: James E Phillips

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Martinsburg; County: Montgomery

Date of death: Month: February; Day: 13; 1904; Age: Years: 54; Months; Days

Sex: Male; Color or Race: White; Birthplace: Martinsburg

Occupation: School Teacher; Where Residing if not at place of death: Martinsburg Md

Married, Single or Widowed; Name of Wife or Husband

Father's Name: Philip L Phillips; Father's Birthplace: Md

Mother's Maiden Name: Matilda C Collier 84; Mother's Birthplace: Md

Name of person giving Imformation: John E Poole; How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Indigestion; How long: Suddenly

Immediate: Angina Pectoris; How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: none

Address: [redacted] Martinsburg Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Susie Louise Russell

CERTIFICATE OF DEATH

MARYLAND

Died near Town: Brookeville County: Montgomery

Date of death: Month: Feb. Day: 24 1907

Age: Years: One Months: 11 Days: —

Sex: Female Color or Race: Colored Birthplace: Montg. Co. Md.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Geo. Washington Russell Father's Birthplace: Montg. Co. Md.

Mother's Maiden Name: Mary Harris Mother's Birthplace: Montg. Co. Md.

Name of person giving Information: Geo. W. Russell How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis How long: Over year

Immediate: Convulsion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas. Farquhar, M.D.

Address: Olney, Maryland.

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Fred O. Sellman

Died at Town Dederson County Montgy MARYLAND

Date 1904 Month 2 Day 4 | Age Y. 61. M. — D. — | Native of Md | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced / Number of children living 2 0

Husband of Wife Ann Sellman

Father's Name Richard Sellman Mother's Maiden Name Ann Sellman

Cause of Death — Primary: Bright Disease — How long sick 2 mos

Immediate: Heart Failure — Accident, Suicide, Homicide

Reported by C. H. Cinley

Address Adamstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

True Copy

Name in Full: Carrie Dight Howard

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Norwood — Town; County

Date of death: Month: Feb; Day: 24; 1904

Age: Years: —; Months: 8; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Montg. Co. Md.

Occupation: —

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband: —

Father's Name: James Henley Howard

Father's Birthplace: Montg. Co. Md

Mother's Maiden Name: Alenda Hall

Mother's Birthplace:

Name of person giving information: James Henley Howard

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Suffered Marasmus.

How long: 8 months.

Immediate: " Pneumonia, No Physician in attendance.

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. Farquhar M.D.

Address: Olney. Md.

Accident or Suicide?

LIBRARY BUREAU AUDIT

Name In Full

Certificate of Death

Althea Tyler

Died at Poolesville Town, Montgy County, MARYLAND

Date 19 04 July 12 | Age Y. 13 M. D. | Native of Md | Occupation

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | Widow Widower | Divorced | Number of ~~children~~ living

Husband of

Wife

Father's Name Hillary Tyler

Mother's Maiden Name Mary Duffin

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Cause of Death: Primary — Pneumonia — How long sick 2 weeks

Immediate — Accident, Suicide, ~~Homicide~~

Reported by J. S. Poole

Address Poolesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Carl Viett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kensington — County: Montgy

Date of death: 1904 — Month: Feb — Day: 4 — Age — Years: — Months: 3 — Days: 27

Sex: Male — Color or Race: White — Birthplace: Kensington

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Albert D Viett — Father's Birthplace: Rockville

Mother's Maiden Name: Amy Rabbitt 105 — Mother's Birthplace: D.C.

Name of person giving Imformation: A. D. Viett — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteritis — How long: one week

Immediate: Cerebro Spinal Meningitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm L. Lewis

Address: Kensington

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88516

Name in Full: Jane Warfield

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Norbeck — Town — County: Montgomery

Date of death 1904 — Month: Feb. — Day: 24 — Years: Age 41 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Montg. Co

Occupation: Housewife — Where Residing if not at place of death: Died at her father's

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Robert R. Warfield

Father's Name: Thomas Holland — Father's Birthplace: Virginia

Mother's Maiden Name — Mother's Birthplace

Name of person giving information: Henry Johnson — How related to deceased: No relation

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: About seven months

Immediate: Asthenia — How long

Are the name, age, sex, color, date and place correctly given above? As far as known

Signature of Physician: Chas. Farquhar.

Address: Olney. Maryland.

Accident or Suicide?

LIBRARY BUREAU A63B16

Name in Full: Malinda Warren

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Lincoln Park — County: Montgomery

Date of death 1904 — Month: 2 — Day: 25

Age — Years: ~~Years~~ — Months: ~~Months~~ — Days: ~~Days~~ One hour

Sex: Female — Color or Race: Black — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: None

Neme of Wife or Husband:

Father's Name: Charles Warren — Father's Birthplece: Maryland

Mother's Maiden Name: Don't Know — Mother's Birthplace: " "

Name of person giving In formation: Charles Warren — How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malposition — How long: —

Immediete: Pressure — How long: —

Are the neme, ege, sex, color, dete and place correctly given ebove? Yes

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Sulcide? Neither

LIBRARY BUREAU A38316

Name in Full

Certificate of Death

Bernard Lee Watkins

Died at Town: Damascus County: Montgomery MARYLAND

Date 1904 Month: 2 Day: 15 | Age Y. 16 M. 8 D. 17 | Native of U. S. | Occupation Farming.

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of

Wife of

Father's Name Oliver Watkins Mother's Name Ruth Etchison Watkins

Cause of Death: Primary Typhoid fever — How long sick 14 days

Immediate Intestinal perforation — ~~Accident, Suicide, Homicide~~

Reported by B. F. Lansdale

Address Damascus Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full: Wm B. Hellen Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Whitehaven — County: Wicomico

Date of death 190 — Month: Feb — Day: 27 — Years: 25 — Months: 11 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Logger — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Wm B Hellen (deceased) — Father's Birthplace: N. Ja

Mother's Maiden Name: Malinda Van Sluis — Mother's Birthplace: Va

Name of person giving information: P. C. Hellen — How related to deceased: Bro.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bullet wound in left temple — How long:

Immediate: Hemorrhage from wound — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Eugene Jones

Address: Nanticoke Md.

Accident or ~~Suicide~~? Probably

LIBRARY BUREAU A88010

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Capitola Wood

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Rockville — County: Montgomery

Date of death: 1904 — Month: 2 — Day: 17 — Age: Years: X — Months: 11 — Days: X

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Edward Wood — Father's Birthplace: Md

Mother's Maiden Name: Cora Johnson — Mother's Birthplace: Md

Name of person giving Information: Edward Wood — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus — How long: 3 mos

Immediate: Exhaustion from Bronchitis — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A83016

Name in Full: Geo. Washington Taylor Wright

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Kensington — County: Montgy

Date of death: 1904 Feb 27 — Age: 72 Years 11 Months 11 Days

Sex: Male — Color or Race: White — Birthplace: Kentucky

Occupation: Minister of Gospel — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Mary Doud Wright

Father's Name: David Wright — Father's Birthplace: N.Y.

Mother's Maiden Name: Amelia Crews — Mother's Birthplace: Tenn

Name of person giving Information: Mary Doud Wright — How related to deceased: Widow

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage — How long: 3 days

Immediate: Paralysis — How long: 3 days

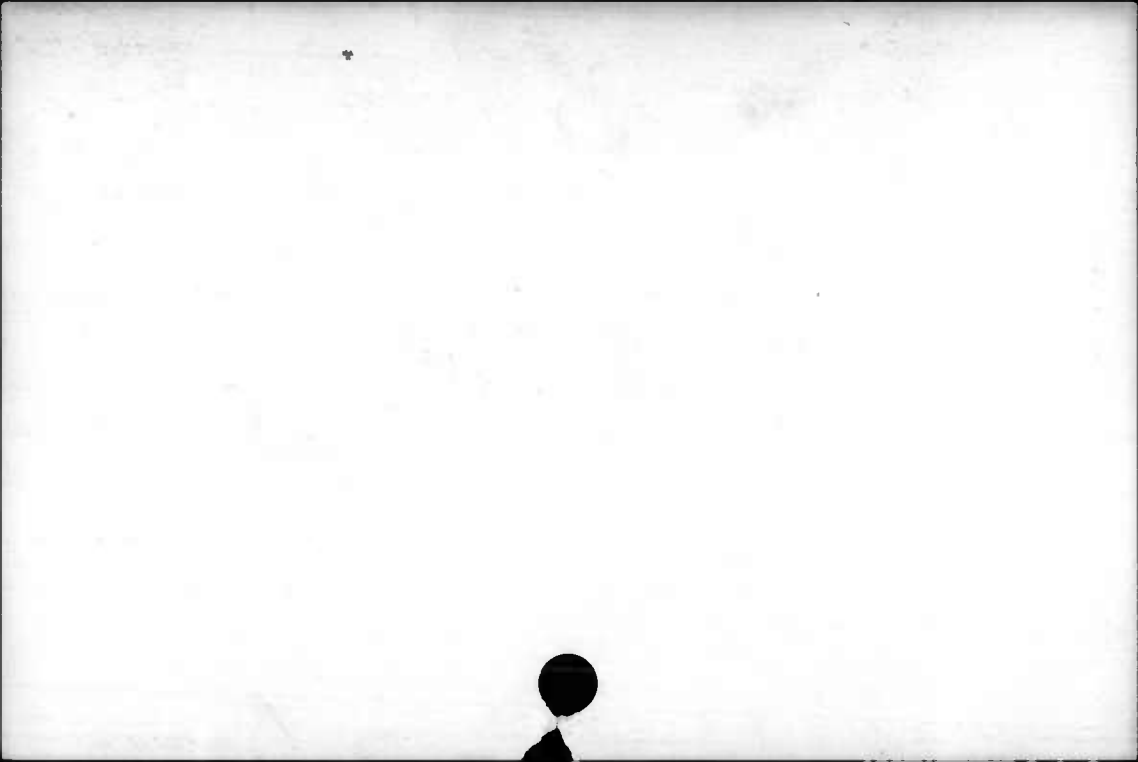
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Lewis M.D.

Address: Kensington Md

~~Accident or Suicide~~?

LIBRARY BUREAU A66616



Name in Full: Edward Wyatt.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Cabin John — County: Montg.

Date of death 190 4 — Month: Feb — Day: 17th

Age — Years: X — Months: 2 — Days: 4

Sex: Male — Color or Race: White — Birthplace: Washington, D.C.

Married, Single or Widowed: Single — Occupation: X

Name of Wife or Husband: X

Father's Name: ? X — Father's Birthplace:

Mother's Maiden Name: Laura F. Wyatt. — Mother's Birthplace: Wash' D.C.

Name of person giving Information: Geo W. Wyatt. — How related to deceased: Grand-Father.

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CAUSES OF DEATH

PHYSICIAN OR CORONER

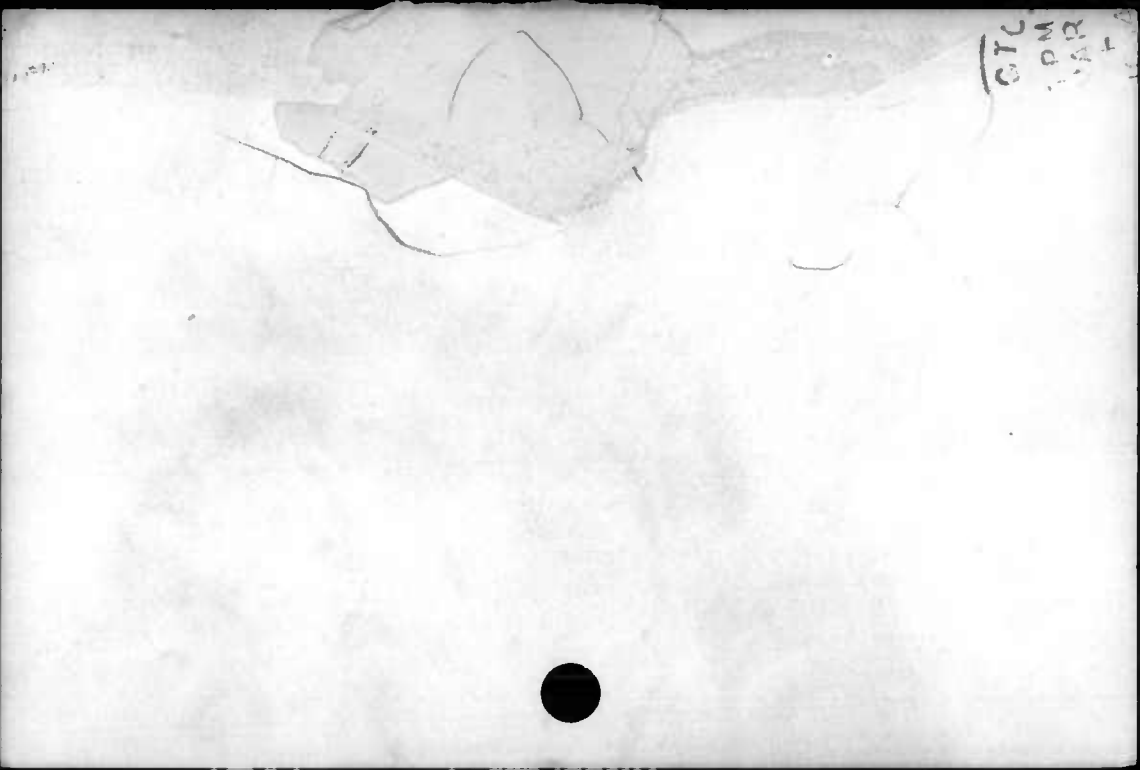
Primary: Overlying — How long: X

Immediate: Asphyxia — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: W. J. Pratt, M.D.

Address: Potomac, Md.

Accident or ~~Suicide~~? Accident

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